UNITED
NATIONS

E

Economic and Social Council

Distr.
LIMITED

E/ICEF/1994/P/L.24
10 March 1994

ORIGINAL: ENGLISH

UNITED NATIONS CHILDREN'S FUND
Executive Board
Second regular session 1994
25-29 April 1994

FOR ACTION

RECOMMENDATION FOR FUNDING FROM SUPPLEMENTARY FUNDS FOR A SHORT-DURATION COUNTRY PROGRAMME IN BOSNIA AND HERZEGOVINA*

SUMMARY

The present document contains a recommendation for funding from supplementary funds for a two-year programme of UNICEF cooperation to help to meet the urgent needs of children and women in Bosnia and Herzegovina. The Executive Director recommends that the Executive Board approve the following amount in supplementary funds, subject to the availability of specific-purpose contributions, for the country programme listed below.

Country/programme	Amount (United States dollars)	Duration
	Supplementary funds	
Bosnia and Herzegovina	8 000 000	1994-1995

A summary of the recommendation follows.

* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1993, will be contained in the "Summary of 1994 recommendations for general resources and supplementary funding programmes" (E/ICEF/1994/P/L.3 and Add.1).

BOSNIA AND HERZEGOVINA

Basic data (1992 unless otherwise stated)

Child population (millions, 0-15 years)	1.2
Under-five mortality rate (U5MR) (per 1,000 live births) (1990)	23
Infant mortality rate (IMR) (per 1,000 live births) (1990)	19
Underweight (percentage, moderate and severe)	..
Maternal mortality rate (MMR) (per 100,000 live births)	..
Literacy (percentage, male/female)	../..
Primary school enrolment (percentage net, male/female)	../..
Percentage of grade 1 reaching grade 4	..
Access to safe water (percentage)	..
Access to health services (percentage)	..
Gross national product (GNP) per capita	$ .. a/
One-year-olds fully immunized against (percentage):	
tuberculosis	..
diphtheria/pertussis/tetanus	..
measles	..
poliomyelitis	..
Pregnant women immunized against (percentage):	
tetanus	..

a/ Estimated to be low-income, $675 or less.

The situation of children and women

1. Since declaring its independence in April 1992, Bosnia and Herzegovina has been in a constant state of war. The estimated pre-war population of 4.4 million had a complex ethnic composition, with virtually every municipality having its own distinct ethnic mix. As a result of the conflict, an estimated 140,000 civilians and soldiers have been killed. There are now approximately 2.3 million displaced persons within the borders of Bosnia and Herzegovina, a further 300,000 Bosnian refugees in the Federal Republic of Yugoslavia (Serbia and Montenegro) and 277,000 refugees in Croatia. Only limited areas of the country are effectively under government control. Vast areas of Bosnia and Herzegovina have no commercial traffic. The Government estimates the total economic cost of war and war-related damage to be approximately $150 billion to $180 billion as of April 1993.

2. Throughout 1993, escalation of the conflict led to an intensive movement of refugees, with some towns, such as Tuzla, Zenica and Maglaj, becoming completely saturated with displaced persons. The situation has continued to deteriorate. Helpless citizens in besieged enclaves have seen water, fuel, electricity and

food supplies cut off, at an appalling human cost. Many public service utilities, including hospitals, schools and water supply and sanitation services, have been destroyed, and many health and education professionals have either fled, been incapacitated, or, in some cases, killed. Children, women and other vulnerable groups are now in a continuing state of acute emergency, suffering from constant threat to their lives from a decline in the availability and quality of health care and education services, a shortage of food and the unavailability of reliable and safe water supplies.

3. Immunization rates have declined precipitously from close to 100 per cent before the war to one third or less today. Efforts at restoring immunization services have been fairly successful in some self-contained areas under siege such as Sarajevo, but less successful in other areas such as central, eastern and northern Bosnia, owing to the disruption of electricity, the low number of health personnel and mass migration of displaced people.

4. Under siege and constant shelling for over 20 months, conditions in Sarajevo have continued to deteriorate and all access to the city by road has been blocked, sometimes for several weeks, preventing the movement of humanitarian convoys carrying food, blankets, shoes and clothes for the winter. In the past year, water supply services have been interrupted for up to 20 to 25 days at a time. There is a dramatic shortage of fuel, and most of the city's trees have already been chopped down for heating. Since the crisis began, doctors at Sarajevo's Kosevo Hospital have performed major surgery on 600 children and have continued to treat a steady number of about 5 to 20 children daily who have been injured and maimed from sniper and mortar fire and shelling. There is a growing sense of desperation and a feeling of being abandoned as the population faces its second bleak winter.

5. The past several months have seen a marked increase in infant mortality and incidence of low birth weight, stillbirths and premature births. Local doctors link such trends to poor nutrition, long periods of stress, constant threat of physical danger, uncertainty regarding the future and family separations. Although few comprehensive data are available, the following statistics from the Kosevo Hospital in Sarajevo show the rapid deterioration in the situation for mothers and children, in comparison to that of the pre-war period:

(a) The infant mortality rate has risen from 19 to 27 per 1,000 live births;

(b) Birth rates have dropped from 14 to 2 per 1,000 population;

(c) The number of abortions has more than doubled, rising from 29 to 64 per cent of pregnancies;

(d) The average birth weight has decreased by one sixth;

(e) The rate of stillbirths has increased by over one and a half times;

(f) The rates for premature births and babies born with serious malformations have doubled within 20 months.

6. Most parts of the country continue to depend on humanitarian aid for food supplies. The excellent pre-war nutritional status of children and the willingness of adults to give children priority for what little food is available appears to have prevented the situation from becoming even more critical thus far. However, joint World Health Organization (WHO)/UNICEF nutrition surveys indicate that the nutritional status of children and other vulnerable groups is deteriorating. With energy reserves near depletion, there is a real danger of undernourishment during the coming months. In the Muslim enclaves in eastern Bosnia as well as in Sarajevo, iron deficiency anaemia and vitamin A and C deficiencies were observed. In general, breast-feeding rates are low; only 17 per cent of mothers breast-feed, and then only for one to two months. Bottles are introduced at an early age.

7. In all the regions, a large number of schools have been destroyed or converted into reception centres for refugees or field hospitals. Large numbers of teachers have been displaced, and educational materials such as textbooks, blackboards, notebooks and chalk are no longer available. There are no services available for the growing number of out-of-school youth and street children.

8. Water systems have sustained heavy damage and will take many years to restore, especially under the present circumstances. Reduced quantities of water, interruptions in service and contamination of water supplies have been experienced in many parts of the country. The lack of regular and safe water supplies and the decrease in food supplies have led to an increase in cases of hepatitis, enterocolitis and diarrhoea.

9. As war rages, many children continue to experience psychological trauma after witnessing or being victims of violent acts. Many children still live with symptoms of psychological stress such as sleeplessness, obsessional memories and depression, which, unless dealt with, will affect their future development. A survey conducted in Sarajevo revealed that 72 per cent of the children have experienced their home being shelled, 91 per cent have experienced shooting, 41 per cent have witnessed a person being killed or injured, 19 per cent have seen a massacre and 81 per cent think they could have been killed during the past months.

10. Many women also suffer from separation from their families, the loss of partners and the difficult burden of caring for the family under war conditions. A large number of women have been taken to concentration camps, where they were subjected to sustained sexual abuse, torture and humiliation.

Programme cooperation, 1991-1992

11. Since 1991, UNICEF assistance to Bosnia and Herzegovina has been supported from emergency funds obtained through the United Nations Inter-agency Appeal. As part of an emergency response, UNICEF assistance has concentrated mainly on the areas of health, nutrition, basic education, water supply and sanitation, psycho-social rehabilitation for traumatized children and meeting urgent domestic needs. Supplies provided by UNICEF include vaccines, other immunization supplies and cold-chain equipment, essential drugs, basic health kits, supplementary food for young children and pregnant and lactating women, education kits and school supplies, creative kits, water tanks and pipes and

water purifiers. Technical assistance was provided for training relevant sector personnel in the repair of water systems in Sarajevo, for health and nutrition surveys and for psycho-social assessment of and interventions for traumatized children.

12. In Sarajevo, UNICEF has continued to carry out an integrated multisectoral programme focused on alleviating the impact of the war and siege on children. The UNICEF-supported supplementary feeding programme reaches a total of 71,000 young children and pregnant and lactating women per month. Cold-chain equipment was supplied to 27 cities. During 1992, UNICEF supported an immunization campaign in other areas.

13. Some 85 to 90 per cent of school-age children living in areas not under siege are presently able to go to school. UNICEF has provided basic school supplies for existing pre-schools and primary schools, as well as for makeshift facilities such as classes held in basements.

14. UNICEF supports a psycho-social programme in Sarajevo for children in collective shelters, informal schools and settlements. Teachers and psychologists are being trained to manage the post-traumatic stress that children suffer through the war. Expansion of this programme to other parts of Bosnia and Herzegovina is under way.

15. UNICEF, in cooperation with the United Nations Protection Force, assisted during 1993 in the restoration of 40 per cent of the water system in Sarajevo. UNICEF has provided pumps, pipes and spare parts to repair 22 essential distribution points. In addition, water purification tablets were supplied for areas where shallow-well water is used.

16. The UNICEF response to the Government's request for emergency assistance in 1992 has helped to establish its credibility among the different factions as an organization committed to the cause of children. Furthermore, assistance delivered directly to the field in collaboration with local authorities and non-governmental organizations (NGOs) has laid the foundation for longer-term UNICEF cooperation for the survival, development and protection of children. In this process, UNICEF has worked closely with a variety of partners: the Office of the United Nations High Commissioner for Refugees (UNHCR) in the delivery of relief supplies; WHO for technical consultations on surveys and immunization and therapeutic feeding services; the World Food Programme (WFP) for supplementary feeding; and a number of NGOs, including Médecins sans frontières and International Action Against Hunger, in carrying out supplementary feeding programmes and community surveys. These same organizations will become partners for the recommended programme of cooperation. Although delivery of assistance has been seriously hampered by continuous hostilities, where contact and cooperation with government counterparts have been established concrete steps for rehabilitation have been taken.

Recommended programme cooperation, 1994-1995

Estimated annual expenditures

(Thousands of United States dollars)

Supplementary funding	1994	1995	Total
Health	650	1 950	2 600
Nutrition	250	750	1 000
Water supply and sanitation	400	1 200	1 600
Education	250	750	1 000
Children in especially difficult circumstances	150	450	600
Social mobilization	50	150	200
Programme support	250	750	1 000
Total	2 000	6 000	8 000

Programme priorities and strategies

17. The programme preparation process, undertaken in the second half of 1993, involved partners in the central Government through the State Committee for Cooperation with United Nations Agencies. In close consultation with UNICEF staff in Bosnia and Herzegovina, the Committee reviewed the priority problems to be addressed in the light of the continuing emergency and the prospects for meeting medium- and longer-term goals for rehabilitation and development.

18. Because of the nature of the ongoing war and the lack of any immediate prospect for peace, the programme will need to be flexible and capable of being modified as necessary. The main aim of the programme will therefore be to alleviate the impact of the war and the economic crisis on vulnerable groups, while integrating the current emergency support into the larger frame of recovery and rehabilitation in the areas where it is possible to do so and ensuring an effective emergency response in areas where conflict and hostilities have flared up.

19. The proposed programme of cooperation is designed to build upon the activities that have been carried out since late 1992. Experience acquired in 1992 and 1993 will be drawn upon. Strategies for the programme are outlined below:

(a) The principal strategy will be to continue the emergency response to enable families and communities to meet children's survival and development needs and to restore basic services for children and women suffering from the direct and indirect effects of war. In the light of the unabated hostilities and the uncertainty of a peace settlement, the programme strategy warrants the continuation of this emergency response until the minimum basic services for children and women are restored;

(b) Assistance will continue to support efforts of the Government to maintain national capacities to respond to children's emergency needs, as well as emerging needs for development and protection. Prior to the war, public and social services personnel had benefited from highly developed infrastructures and human resources. The situation has now changed and will require new strategies and technologies to cope with a drastically reduced infrastructure and to maintain the effectiveness of basic services. To this end, sharply focused technical assistance will be provided, based on UNICEF experience elsewhere;

(c) Support will be given to enhance partnerships for children with the Government, local authorities and communities, NGOs and multilateral and bilateral agencies;

(d) Advocacy to implement the principle of a "first call for children" will be carried out with all concerned parties to protect the interest of more vulnerable groups from the combined effects of war and economic collapse;

(e) As the political and security situations improve, the UNICEF programme of assistance will evolve towards a development continuum. Consequently, rebuilding and rehabilitation efforts will become increasingly important. Attention will be given to accelerate the achievement of child survival, development and protection goals, the mid-decade goals among them. Whereas pre-war conditions indicated high levels of well-being among children and women, the long months of war and the collapse of the economy and social infrastructure have reversed previous advances.

Programme components

20. Health. The emergency response will be continued for the provision of essential drugs, winterization supplies, hygiene kits, immunization supplies, health centre kits and health information materials. At the same time, UNICEF will assist in the expansion of the expanded programme on immunization (EPI) to reach all the regions of Bosnia and Herzegovina. Special strategies will be developed to cover areas with ongoing hostilities and/or areas with a severe shortage of health personnel. EPI units at the central as well as regional levels will be assisted to strengthen their information and surveillance system. UNICEF will also invest programme resources in the maintenance and expansion of primary health care (PHC) services, particularly in areas that have suffered heavy damage to health infrastructures. This will involve the replenishment of equipment and supplies where needed; primary-care training for health providers; updating the knowledge of doctors, nurses and midwives in preventive care; and other public-health measures related to child care.

21. Essential drugs. Assistance will be provided to help the Government to develop a system for strengthening the national policy on drugs, the management of drugs and drug-supply distribution and utilization. Where possible, a scheme for local production of some basic drugs and fortified food will be demonstrated.

22. Nutrition. In response to the continuing emergency, the supplementary and therapeutic feeding programmes will be intensified. Opportunities will be explored to build towards a multi-service delivery scheme for nutrition. The ongoing promotion of breast-feeding will be expanded into the Baby-Friendly Hospital Initiative, which will involve the systematic promotion of breast-feeding among medical and health professionals, hospital administrators and mothers themselves. The programme will also support governmental efforts to institutionalize the cessation of free distribution of infant formula donated as part of emergency relief. UNICEF will assist in the development of mechanisms to regulate the use of infant formula, widespread public education for the promotion and protection of breast-feeding and training of medical and health personnel in lactation management.

23. Water supply and sanitation. Repairs of water systems will be continued in priority areas along with the provision of water purifiers and collapsible tanks to prevent possible contamination and the spread of water-borne diseases. UNICEF will continue to work closely with the Regional Institute for Epidemiological Research in the maintenance of the system for monitoring water quality. UNICEF will also provide technical assistance in the development of medium-term plans and feasibility studies for the restoration of small water systems. Other donors will also be mobilized to assist the Government in the enormous task of restoring water services.

24. Education. The provision of educational materials will continue as an emergency response in all areas where the Government is re-establishing classes, either in makeshift or restored school facilities or in cellars and basements. Preschool education services will be expanded to include psycho-social interventions for traumatized children. UNICEF will assist, on a pilot basis, in a demonstration training programme for multi-grade classes in basements and cellars. The training will include both psycho-social support and technical teaching skills within the context of a difficult war situation.

25. Children in especially difficult circumstances. Interventions will expand ongoing efforts to strengthen the capacity of psychologists and social workers in dealing with the psycho-social problems of children affected by war. Such an expansion will eventually include a range of services for children, women and the growing number of street children and out-of-school youth. Apart from the regular institutional responses, emphasis will be given to community-initiated or community-based mechanisms where crisis intervention could be integrated into existing social-work centres, community centres or PHC centres. Technical and programming assistance will be provided to develop the various aspects of this programme in close consultation with the Government, NGOs and professional groups. UNICEF will help to develop mechanisms for cooperation in activities such as the training of paraprofessionals, the development of manuals, the development of prototype materials and the training of community volunteers, street educators and playroom volunteers.

26. Advocacy. In most parts of Bosnia and Herzegovina, meeting the special needs of children requires advocacy for children's rights, especially for children who have been abandoned, traumatized, disabled or orphaned by war. UNICEF will continue to advocate for a "first call for children" principle to be implemented. UNICEF will also advocate for and support the Government in the

development of a national programme of action for children, within the framework of the Declaration of the World Summit for Children and the Convention on the Rights of the Child.

27. Monitoring and evaluation. Because of the focus on emergency operations in the last two years, evaluation of this programme has been limited to short-term and rapid assessments of the implementation of specific projects. With the proposed new cooperation, UNICEF plans to support the strengthening of existing data collection and information systems with the aim of establishing baseline data on child-related indicators and developing simple monitoring mechanisms. For the proposed programme, monitoring will be supported primarily by UNICEF field staff in Bosnia and Herzegovina, as well as by staff from the area office. Information obtained from field personnel of other agencies, government organizations and NGOs will also be utilized. Depending upon the ongoing assessments of the effectiveness of UNICEF assistance, programme adjustments will be made. A programme review will be held jointly with participating government organizations and NGOs, United Nations agencies and other partners towards the end of 1995.

28. Programme coordination. The UNICEF staff in Bosnia and Herzegovina work in close collaboration with their counterparts in the Government. Coordination is maintained through the State Committee for cooperation With United Nations Agencies. The Committee reviewed the priority problems to be addressed in the light of the continuing emergency and the prospects for meeting medium- and longer-term goals for rehabilitation and development. Other United Nations organizations, including WHO, WFP and UNHCR, and NGOs active in community projects, have been consulted in the preparation of specific aspects of the programme.

29. Programme support. The UNICEF programme of assistance has been managed by a sub-office at Split in Croatia, with field offices at Sarajevo, Tuzla, Zenica, Pale and Mostar, all of which are in Bosnia and Herzegovina. The UNICEF operational area includes all sides of the conflict between Bosnian Serbs, Muslims and Croats. National staff are for the most part prevented from crossing "ethnic lines". The presence of international staff is therefore essential since it affords the crucial coverage of neutrality and allows for programme operations in all ethnically defined areas of conflict.